2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 10 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000003473

1. Entity Name
OPEN WORD WORSHIP CENTER INC.

Principal Place of Business	Mailing Address
1715 POST PLANT RD. QUINCY, FL 32352	553 THOMAS DRIVE QUINCY, FL 32352

07102008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1425 Selma Rd.	P.O. Box 9
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Quincy, FL.	City & State: Quincy, FL
Zip: 32351 Country	Zip: 32353 Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEST, ROBERT D 218 S SHADOW STREET QUINCY, FL 32352	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEST, ROBERT D 218 S SHADOW STREET QUINCY, FL 32352	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200133005022 07/16/08--01016--019 **70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WEST, ROBERT L JR. 553 THOMAS DRIVE QUINCY, FL 32352	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WEST, TAKISHA F 218 S SHADOW STREET QUINCY, FL 32352	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #